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Debtor 1  
Debtor 2 **BRITTLE, MARCUS N & ROSE, SHANTE GLORIA**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>1,667.47</b>	\$ <b>0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>125.36</b>	\$ <b>0.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: <b>med FT</b>	5h.+ \$ <b>227.50</b>	\$ <b>0.00</b>
vision FT	\$ <b>5.03</b>	\$ <b>0.00</b>
dental FT	\$ <b>34.67</b>	\$ <b>0.00</b>
401k	\$ <b>33.37</b>	\$ <b>0.00</b>
HOMER FUND	\$ <b>21.67</b>	\$ <b>0.00</b>
BASIC LIFE	\$ <b>2.04</b>	\$ <b>0.00</b>
FT CRIT IL	\$ <b>11.09</b>	\$ <b>0.00</b>
aD & D	\$ <b>6.28</b>	\$ <b>0.00</b>
ltd	\$ <b>12.78</b>	\$ <b>0.00</b>
ROAD ASST	\$ <b>5.16</b>	\$ <b>0.00</b>
NJ ee FLI	\$ <b>1.13</b>	\$ <b>0.00</b>
NJ tdl	\$ <b>2.38</b>	\$ <b>0.00</b>
NJ hS/ WWDP	\$ <b>5.94</b>	\$ <b>0.00</b>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>494.40</b>	\$ <b>0.00</b>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>1,173.07</b>	\$ <b>0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>661.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: <b>COMISSION</b>	8h.+ \$ <b>2,000.00</b>	\$ <b>0.00</b>
<b>2018 tax refund</b>	\$ <b>531.00</b>	\$ <b>0.00</b>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>2,531.00</b>	\$ <b>661.00</b>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>3,704.07</b> + \$ <b>661.00</b>	= \$ <b>4,365.07</b>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ <b>0.00</b>	

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12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ **4,365.07**

**Combined  
monthly income**

13. **Do you expect an increase or decrease within the year after you file this form?**

☒ No.

☐ Yes. Explain:

Debtor 1 MARCUS N BRITTLE

Debtor 2 SHANTE GLORIA ROSE

(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, NEWARK  
DIVISION

Case number \_\_\_\_\_

(If known)

MM / DD / YYYY

## 12/15

## Part 1: Describe Your Household

- ☐
- Yes

## Your expenses

- |       |          |
|-------|----------|
| 4. \$ | 1,681.00 |
|-------|----------|

5. \$ 0.00

Debtor 1  
Debtor 2

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<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>150.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>20.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>315.00</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>700.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>20.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>55.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>55.00</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>30.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>100.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>10.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>215.00</b>
15c. Vehicle insurance	15c. \$	<b>100.00</b>
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	<b>0.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$	<b>0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b>	\$	<b>0.00</b>
Specify: _____	19.	
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other:</b> Specify: _____	21. +\$	<b>0.00</b>
<b>22. Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$	<b>3,476.00</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<b>3,476.00</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>4,365.07</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>3,476.00</b>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<b>889.07</b>
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	